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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

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